

### QUALIFYING EXIGENCY LEAVE

#### Part A. For Completion by the EMPLOYEE

**INSTRUCTIONS to EMPLOYEE:** The FMLA permits that you submit a timely, complete, and sufficient certification to support a request for FMLA leave due to a qualifying exigency. Several questions in this section seek a response as to the frequency or duration of the qualifying exigency. Be as specific as you can. Terms such as "unknown," or "indeterminate" may not be sufficient to determine FMLA coverage. Your response is required to obtain a benefit. While you are not required to provide this information, failure to do so may result in a denial of your request for FMLA leave.

**You have 15 calendar days to return this form.**

Employee Name (Last, First, Middle):	Date:
Division/Unit:	Daytime Contact Phone Number:

Name of the covered military member on active duty or call to active duty status: (Last, First, Middle):

Your relationship to the covered servicemember:

☐ Spouse    ☐ Parent    ☐ Child

Period of military member's active duty:

A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes written documentation confirming a covered military member's active duty or call to active duty status in support of a contingency operation. Please check one of the following:

- ☐ A copy of the covered military member's active duty orders is attached.
- ☐ Other documentation from the military certifying that the covered military member is on active duty (or has been notified of an impending call to active duty) in support of a contingency operation is attached.
- ☐ I have previously provided my employer with sufficient written documentation confirming the covered military member's active duty or call to active duty status in support of a contingency operation or deployment to a foreign country.

#### Part B. Qualifying Reason for Leave

1. Describe the specific reason you are requesting FMLA leave due to a qualifying exigency (attach a separate sheet of paper if additional space is needed):
2. A complete and sufficient certification to support a request for FMLA leave due to a qualifying exigency includes any available written documentation which supports the need for leave. Such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military, a document confirming an appointment with a counselor or school official, or a copy of a bill for services for the handling of legal or financial affairs. Available written documentation supporting this request for leave is attached:  
☐ Yes    ☐ No    ☐ None Available

#### Part C. Amount of Leave Needed

1. Approximate date exigency commenced:
2. Probable duration of exigency:
3. Will you need to be absent from work for a single continuous period of time due to the qualifying exigency?  
☐ Yes    ☐ No  
If Yes, estimate the beginning and ending dates for the period of absence:
4. Will you need to be absent from work periodically to address the qualifying exigency?  
☐ Yes    ☐ No  
If yes, estimate schedule of leave, including the dates of any scheduled meetings or appointments:
5. Estimate the frequency and duration of each appointment, meeting, or leave event, including any travel time (e.g., 1 deployment-related meeting every month lasting 4 hours):  
Frequency:            times per        week(s)        month(s)  
Duration:            hours or        day(s) per event

**CERTIFICATION OF QUALIFYING EXIGENCY FOR MILITARY FAMILY LEAVE  
(FAMILY AND MEDICAL LEAVE ACT)**

DPA 756 (New 12/09) (Reverse)

**Part D. Third Party Information**

If leave is requested to meet with a third party (such as to arrange for childcare, to attend counseling, to attend meetings with school or childcare providers, to make financial or legal arrangements, to act as the covered military member's representative before a federal, state, or local agency for purposes of obtaining, arranging, or appealing military service benefits, or to attend any event sponsored by the military or military service organizations), a complete and sufficient certification includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (e.g., either the telephone or fax number or email address of the individual or entity). This information may be used to verify the accuracy of the information contained on this form.

Name of Individual:	Title:
Organization:	Email:
Address (Street, Suite, City, State, Zip Code)	
Telephone:	Fax Number:
Describe Nature of Meeting:	

**Part D. Employee Certification**

I certify that the information I provided is true and correct: Signature of Employee:	Date
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**PRIVACY NOTICE**

The Information Practices Act of 1977 (Civil Code Section 1798.17) and the Federal Privacy Act (Public Law 93-579) requires this notice be provided when collecting personal information from individuals.

Information requested on this form is used by your department for purposes of determining your eligibility for qualifying exigency leave under FMLA. It is mandatory to furnish all information requested on this form. Failure to provide the mandatory information may result in a delay in processing your request.